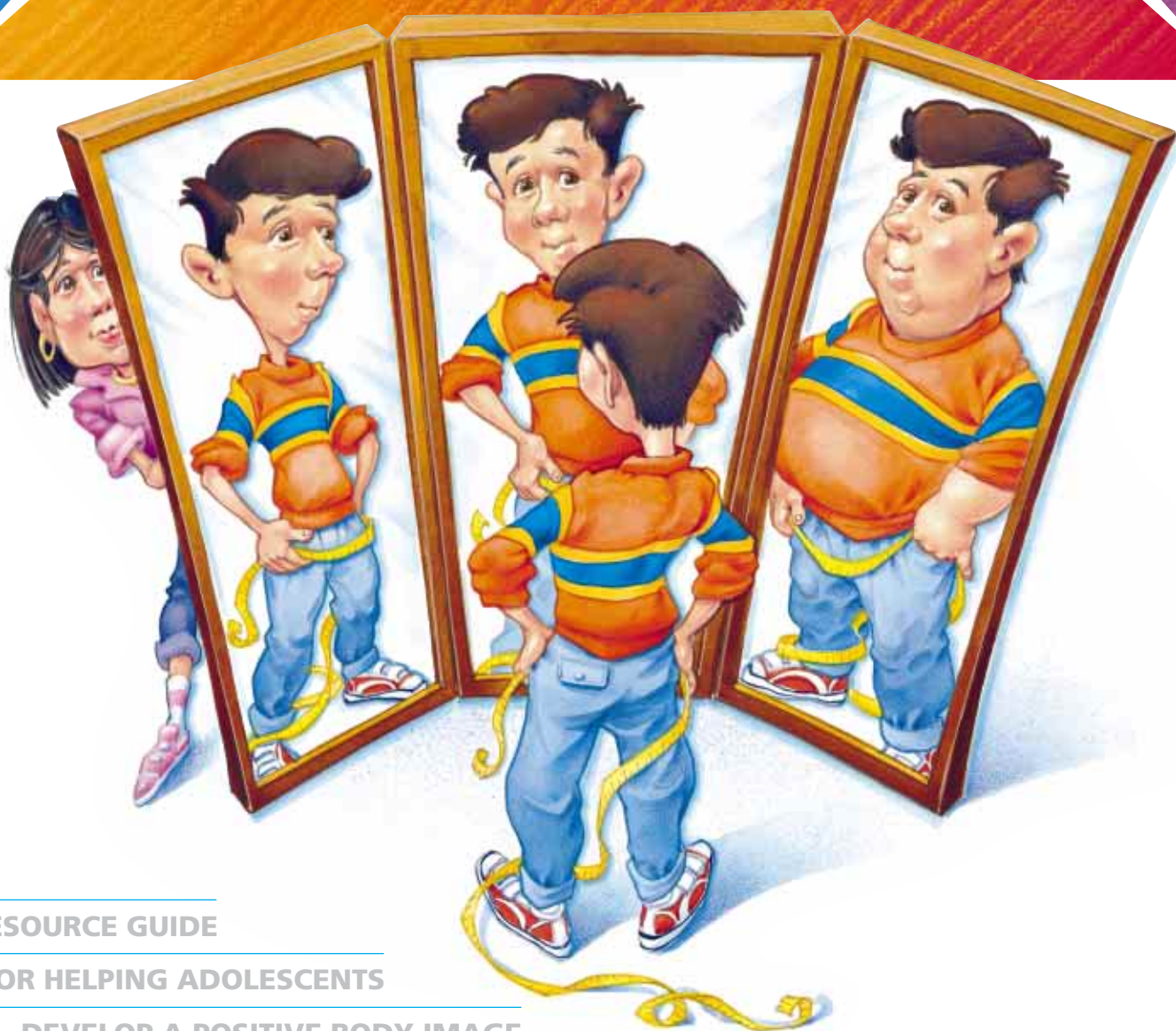


M I R R O R W I B B O B



A RESOURCE GUIDE

FOR HELPING ADOLESCENTS

DEVELOP A POSITIVE BODY IMAGE

AND MAINTAIN A HEALTHY WEIGHT

MIRROR WIBB

PROGRAM COMPONENTS

- Resource Guide
- Nine Black-line Masters for Worksheets

PROGRAM OVERVIEW

MIRROR, MIRROR is a resource packet for school professionals to use with adolescents (grades 7 through 12) who have concerns about their body weight, shape and image. The primary goals of the program are to help adolescents develop a more healthy lifestyle and positive body image and to reduce their obsession for developing a “perfect” body weight or shape.

PROGRAM APPLICATION

MIRROR, MIRROR can be used in the following settings:

- individual student counseling
- as part of the health curriculum
- as part of a physical education program
- teenage weight management group
- counseling parents on how to deal with weight issues of their teenagers
- in-service training for staff

PROGRAM OBJECTIVES

TO HELP STUDENTS

- understand cultural attitudes about weight
- understand and accept normal differences in growth patterns
- recognize the potential dangers of weight loss diets
- improve their eating habits
- increase their activity levels

TO HELP SCHOOL PROFESSIONALS

- learn current theories of adolescent weight management
- increase their empathy for large individuals
- recognize the signs of eating disorders and take appropriate action
- develop effective programs related to teen weight, body size and self-esteem

TO HELP PARENTS

- increase understanding of their children’s self-esteem issues related to body weight

ACKNOWLEDGEMENTS

We wish to thank the following for their contributions in the development of this resource guide.

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Body weight, shape and changes are of great concern to adolescents. School guidance counselors, teachers, coaches, athletic trainers and nurses can provide guidance to students confronting these developmental issues. Teenagers tend to care about the here and now, not about the possibility of heart disease and osteoporosis. Your support and encouragement now can have implications for their future health and well-being.

This program does not require technical knowledge of weight control, but it does require sensitivity and acceptance of individuals, regardless of their weight or size. Teens may not feel comfortable sharing feelings about their bodies. Embarrassment and insecurity about weight or self-image can be magnified by even the most casual comments. By dealing with the information and issues in a non-judgmental way, you can reduce fear and frustration felt by students with real or perceived weight problems.

Teens constantly compare themselves to others because their weight, height and sexual development proceed unpredictably. Understandably, they use diets and workouts to try to get control over their bodies. Self-esteem may be fragile because it's hard to love yourself when you hate your body. No other age group is as sensitive to criticism and comparison.

Teenage years are prime time for peer influence. Eating is part of the group ritual, and so is dieting. No one wants to be fat. Teens mirror our society's obsession with thinness. They associate success, happiness and popularity with body type. Parents also may pressure teens to lose (or gain) weight.

- In one study, 70% of girls said they wanted to lose weight, though only 15% were really overweight (1).
- Other research found that 40% of 12 to 22-year-old males were dissatisfied with their weight, and 33% were not happy with their body shape (2).
- Surveys show that teenagers are the highest users of diet pills (2).

IDENTIFYING TEENS AT RISK

Teens are easily influenced by role models—and you may be one. They hear what you say about your own body. They pay attention to your grooming and dress. They watch you eat. They listen when you talk about your lifestyle. They may look to you for examples of what it means to be successful, happy, healthy, attractive or powerful.

Teens who are overly focused on developing the “right body” are at risk for developing unhealthy eating patterns and for using drugs to control their body image.

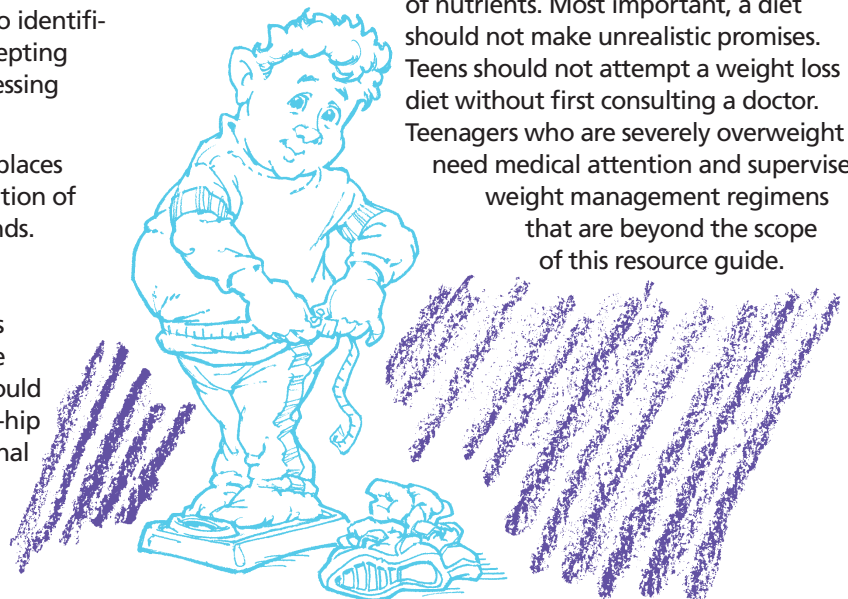
- An estimated 20% of teens engage in some type of abnormal eating behavior (2).
- 5% of high school girls have been diagnosed with eating disorders (2).
- 7% of high school males and 3% of females take unprescribed steroids that are illegal and dangerous (2).
- According to the U.S. Public Health Services, 7 to 17-year-olds are the heaviest users of non-prescription diet pills (2).

Teens who lead an inactive lifestyle are at risk for developing weight problems. Dr. William Dietz of Harvard University evaluated a survey of 6,000 adolescents undertaken in the '60s and '70s. He found that obesity increased 2% for every hour of television watched per day. More recent studies by Dr. Dietz suggest that teens have become even greater “couch potatoes.” Among teens 12 to 17 years old, 18% of males and 25% of females are overweight—an increase of almost 40% over the last few decades (3). In fact, only half of today's youth are regularly involved in vigorous exercise (4).

Although teens who are large and medically at risk can easily be identified, it is more challenging to separate those who are “full figured” or have large or muscular builds from those who are developing a serious weight problem. It is normal for some children to go through “fat phases” as they grow; others are genetically heavy. Standard weight guidelines for children and adolescents who are still growing have not been established.

Research shows that diabetes, hypertension and high blood cholesterol are made more severe by obesity. Traditionally, obesity has been defined as 120% of desirable body weight, but desirable weight can vary considerably among adolescents. The following chart gives cut-off points for adolescents based on this definition. Be very cautious about using such tables. On the basis of weight alone, for example, many very muscular boys could be mistakenly called overweight. Many individuals are at higher than ideal weights throughout life with no identifiable health risks. For them, accepting their weight is better than obsessing about it (5).

Another definition for obesity places greater importance on the location of body fat rather than total pounds. Recent research suggests that abdominal fat is more health-threatening than fat in the hips and thighs. Consequently, some experts believe that obesity should be defined in terms of waist-to-hip ratio in addition to the traditional weight-for-height yardstick.



To calculate waist-to-hip ratio, divide the number of inches around the waistline by the circumference of the hips. A ratio of 0.8 or higher would place a woman in a high-risk category for weight-related health problems, and a ratio of 0.95 or above would place a man in the high-risk category.

A very restrictive diet can be harmful if a teen is still growing (3). If a diet is necessary or desirable, it should be evaluated to ensure a balanced and adequate intake of nutrients. Most important, a diet should not make unrealistic promises. Teens should not attempt a weight loss diet without first consulting a doctor. Teenagers who are severely overweight need medical attention and supervised weight management regimens that are beyond the scope of this resource guide.

WEIGHTS AT WHICH TEENAGERS ARE CONSIDERED OVERWEIGHT*

HEIGHT IN INCHES	FEMALES' CUT-OFF POINT			MALES' CUT-OFF POINT		
	12–14 YEARS	15–17 YEARS	18–19 YEARS	13–14 YEARS	15–17 YEARS	18–19 YEARS
54	97	103	107	95	101	107
56	104	111	115	103	108	115
60	120	127	132	118	124	132
64	136	144	150	134	142	150
68	154	163	170	151	160	169
72	173	183	190	170	179	189

Cut-off points used to define overweight approximate 120% of desirable body weight. Sexual maturity should also be considered in determining whether a youth is overweight. Young people who are advanced in sexual maturity may weigh more without being considered overweight.

*Based on body mass index values for adolescents that represent the age and gender specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey NHANES II, corrected for samples variance.

Source: Modified from 1976–1980 National Health and Nutrition Examination Survey NHANES II.

A NEW APPROACH

A number of therapists and nutrition specialists are taking a new look at childhood and adolescent obesity. "Our current attitudes and approaches blame children and parents for a child's fatness and promise cures we can't deliver," writes family therapist Ellyn Satter. "We have led parents to believe that children are too fat because they eat too much and that children can become slim if they eat less" (6).

Structured weight loss programs for children and adolescents have a dismal 10% to 30% success rate (7). Other influences, such as family dynamics, poor food choices and inactivity may be the cause of excess weight. If teens are overweight despite positive eating and exercise habits and a stable family situation, emphasis should be placed on helping them develop social and emotional skills that will make them feel better about themselves.

SUGGESTED PROCEDURE

This package consists of a basic guide for the counselor or teacher along with handouts to be used individually or in groups. Many adolescents are sensitive about being identified by others as overweight. These students may feel more comfortable and respond more positively if the materials are used individually or in small groups rather than in classroom settings. Some of the handout materials are designed as the basis for discussion; others are meant to serve as reference information. Encourage students to share handouts with their parents.

- Read over the background information to familiarize yourself with the facts about each topic.
- Go over the worksheets and reference sheets with the student or parent, explaining what he or she should do with it.
- Discuss the key points given under each topic.

TOPIC	PURPOSE	WORKSHEETS/ REFERENCE SHEETS*
I FACTORS INFLUENCING ATTITUDES ABOUT WEIGHT	To examine feelings and ideas about body types. To build self-esteem by increasing awareness of admirable traits/skills.	A. Great Figures B. Beautiful People
II FACTORS AFFECTING ADOLESCENT WEIGHT	To make students aware of the dangers of dieting. To encourage a more active lifestyle.	C. Say "No!" to Dieting D. Say "Yes!" to an Active Lifestyle
III GUIDELINES FOR HEALTHY EATING	To help students make informed food choices. To help students assess their eating habits.	E. My Food Diary F. Eat Smart G. Fast Food Choices
IV EATING DISORDERS	To make students aware of the symptoms of eating disorders and to encourage them to get help for themselves or friends if they have an eating disorder.	H. Anorexia Nervosa and Bulimia Nervosa
V GUIDELINES FOR PARENTS	To offer parents guidelines and specific suggestions to help their sons and daughters develop a positive body image, good self-esteem and healthy weight during the teen years.	I. Dear Parents...

*Black-line masters.

FACTORS INFLUENCING ATTITUDES ABOUT WEIGHT

PURPOSE

- To examine feelings and ideas about body shape, size and weight.
- To build self-esteem by increasing awareness of admirable traits/skills.

BACKGROUND INFORMATION

Why do we want to be thin?

- Attractiveness is defined by culture. In other countries, people are admired because they are taller, larger, fatter, stronger, older, younger or have a particular skin color. Pioneer women who were heavy were thought to be strong and healthy. Paintings of 19th century European men and women show that those who were well-off were also well-fed. Being overweight was a sign of affluence and power.
- In America today, thinness is an admired trait, and overweight people are discriminated against. The press avidly reports ups and downs in the weights of public figures. Miss Americas have grown slimmer over the past 25 years while average American women have grown larger, creating an increasing level of disparity and personal dissatisfaction.
- Magazines and catalogs feature tall, thin women and men. No wonder more than 80% of women dislike their bodies and many children under the age of 10 are even dieting to control weight (8)!

WORKSHEET A GREAT FIGURES

KEY DISCUSSION POINTS

Many people judge others by their weight. Some of the misconceptions people have are:

■ Overweight people lack self-control.

It takes a great deal of self-control to stay on a diet, and many overweight people do follow diet restrictions closely. Yet 95% of all diets fail in the long run (9).

■ Overweight people eat more than thin people.

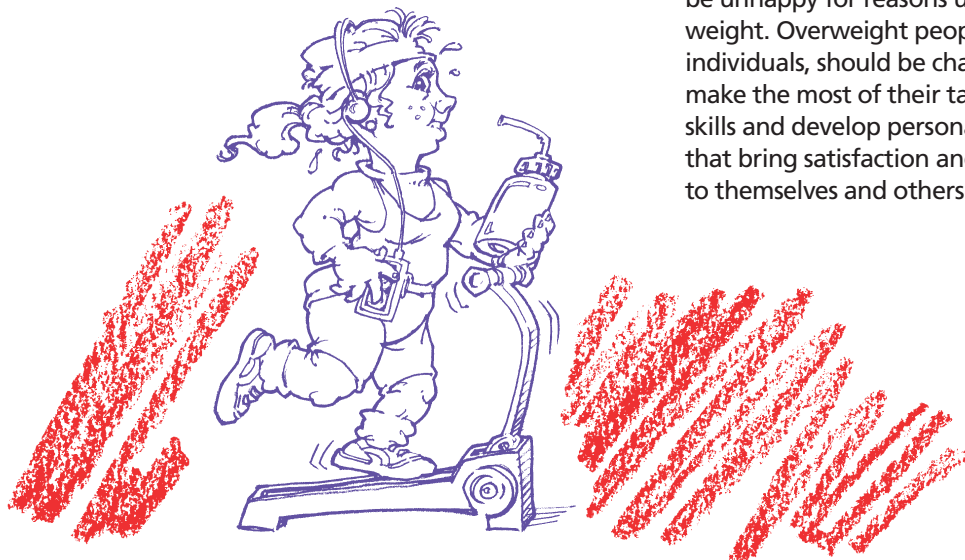
Studies show that obese teens eat no more, and may even eat less, than teens who are not overweight. They are likely to eat less frequently and skip more meals (10).

■ Overweight people are lazy.

There is no evidence that weight influences one's ability to do a job well or influences one's level of ambition. Overweight teens do tend to be less active and less likely to participate in sports than others, but this tendency may be unrelated to laziness. Instead, they may feel uncoordinated or awkward or may be too sensitive about their bodies to participate in group exercise and be seen in swimsuits or shorts.

■ Overweight people are unhappy.

Several studies have shown that obese people have no more or less emotional problems than the non-obese (11). Some emotionally unhappy overweight people may see their weight as the single obstacle that keeps them from being what they want to be. Others may be unhappy for reasons unrelated to weight. Overweight people, like other individuals, should be challenged to make the most of their talents, learn skills and develop personal relationships that bring satisfaction and happiness to themselves and others (12).



INSTRUCTIONS
FOR
WORKSHEET A

- 1 Prior to talking with the students, clip photographs of celebrities from magazines and newspapers to illustrate various body sizes and shapes. Duplicate **WORKSHEET A** and distribute a copy to each student. Ask students to fill in the questions on the worksheet. You may ask students to bring in photographs or illustrations of the 10 individuals they listed at the top of the worksheet.
- 2 Ask students to identify characteristics of each individual they listed at the top of the worksheet. Discuss characteristics and variability of responses to the same image. Discuss “beauty” from an ethnic and historical perspective.
- 3 Share responses to the questions on the handout. Be aware of comments that may generate negative feelings among individuals in the group who are overweight, “under-developed,” buxom, etc. Encourage discussion of positive characteristics and skills of the individuals.

WORKSHEET B
BEAUTIFUL
PEOPLE

KEY
DISCUSSION POINTS

- Preoccupation with appearance and body image is a hallmark of adolescence. This concern can wreak havoc on self-esteem. Increased awareness of society’s emphasis on a “perfect” body, coupled with a preoccupation on how far their bodies are from the ideal, may make a teen feel depressed or inadequate.
- Girls are even more weight-conscious than boys. One recent study in Tacoma, Washington, found that 40% of the 900 adolescent boys reported being dissatisfied with their weight. One-third of the boys were not happy with their body shape. Unlike girls, who prize thinness, boys are more concerned about appearing strong and muscular.
- Cultures worldwide, as well as our own, have varied views about ideal and acceptable weights and body shapes.

INSTRUCTIONS
FOR
WORKSHEET B

- 1 Duplicate **WORKSHEET B** and distribute a copy to each student. Ask students to fill in responses to the three questions on the worksheet.
- 2 On the blackboard or on a flip chart, list characteristics students use to identify the people they admire.
- 3 Ask students to identify characteristics of their own or of the people they admire that relate to body size and shape. Circle them.
- 4 As a group, write a definition of beauty. Stipulate that the definition must be attainable by everyone in the room.

MIRROR
WIBBOL

WORKSHEET A
GREAT FIGURES

List 10 celebrities who have various body types (short, tall, large, petite, heavy, thin, muscular, etc.)

1

2

3

4

5


6


7


8

9

10







When you look at someone who is fat, what are your feelings? What do you think about him or her? What assumptions do you make?

What characteristics do you associate with being thin? With being muscular and fit?

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MIRROR
WIBBOL

WORKSHEET B
BEAUTIFUL PEOPLE

Name 3 people you admire.

1

2

3

List 3 characteristics that make each one a “beautiful person.”

1

2

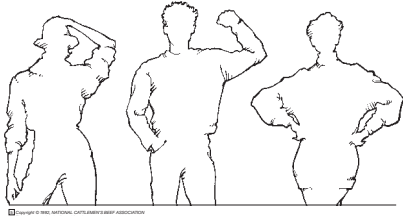
3

List 3 or more of your best characteristics.

1

2

3



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FACTORS AFFECTING ADOLESCENT WEIGHT

PURPOSE

- To make students aware of the dangers of dieting.
- To encourage a more active lifestyle.

BACKGROUND INFORMATION

A number of factors influence body size and shape. These include genetics, gender and nutritional needs.

- Genetics determine maximum height, body type, rate of growth and potential for obesity. Statistically, if one parent is obese, the risk of obesity is 40%; if both parents are obese, the risk is 80%. But even in an obesity-prone family, one child may be fat and another thin. Unfortunately, we can't select which features we want from our parents. The greatest correlations of weight are between mothers and daughters. There is less correlation between the weights of mothers and sons and fathers with children (13). Genetics seem to be a more important influence than family eating habits, as identical twins, even those separated at birth and living in different homes, tend to have similar weight patterns throughout life (14).
- Puberty is the time when both boys and girls grow to sexual maturity. Just before puberty, there is a period when excess fat is stored before full height is attained. If a teen has not been fat before, this fat will usually disappear within the next two years (15).
- The growth spurt in both height and weight is related to puberty. Girls generally enter puberty two years before boys. Girls begin a time of rapid growth soon after they begin to develop breasts. For girls, the growth spurt lasts about three years. Menstruation follows the greatest increase in growth. A minimal level of fat is needed for menstruation to begin and for maintenance of a regular cycle (15). Thus, thin girls tend to begin menstruating later and have less regular periods. Girls who begin menstruating earlier tend to have more body fat and complete their growth spurt more quickly than later-maturing girls (15).
- During their longer prepubertal period, boys develop long arms and legs and big hands and feet. For males, the growth spurt starts about a year after testicles begin to enlarge, and lasts four to six years. Their big increase in height comes toward the end of puberty (15).
- By the end of their growth spurt, females have a greater percentage of body fat and water than males who have proportionally more muscle and a larger bone structure. Thus, males may weigh more than females of the same size because of body composition.
- Growing takes energy. Typically, teenage girls should consume about 2,200 calories a day; teenage boys need 2,500 to 3,000 calories (4). Larger and physically active teens, especially those involved in intense sports, may need even more. If calories are not adequate, the body will use protein for energy, instead of for building and repairing muscle and other tissues.
- Adolescents need iron for their expanding blood volume and developing muscles. Male hormones increase a boy's need for iron; females need iron to replace iron lost during menstruation. Teens following a restricted diet often cut back on beef, which contains the most easily absorbed form of iron. Iron deficiency anemia can affect academic and athletic performance and decrease ability to fight infections (4).
- Calcium retention in bones is at an all-time high during teen growth. Bone mass created in the adolescent period protects against osteoporosis in later years. Cutting out dairy products reduces the calcium supply to growing bones.
- The body's need for zinc increases dramatically during the teen years because it is needed for growth and sexual development. The best sources of zinc are oysters (not a teen favorite) and lean beef. Teens who attempt to control weight by giving up meat or eating only very small amounts of food may have very low zinc intakes.

- Adolescents who do not eat a variety of foods, including enough fruits, vegetables and grains, may not be getting enough vitamins and minerals to stay healthy and avoid infections. Vitamin/mineral supplements do not make up for poor eating. Supplements do not provide extra strength or energy, and if taken in high doses, they can be harmful. Some teenagers take high-dosage vitamin products to control acne. Such use should be on a prescription basis.
- Drinking alcohol during adolescence is a serious problem that influences emotional and physical health, including weight. Two-thirds of teenagers drink alcoholic beverages on a regular basis and an estimated 20% of teens ages 14 to 17 are problem drinkers (2).

REFERENCE SHEET C JUST SAY "NO" TO DIETING

KEY DISCUSSION POINTS

Explain to students that body size is not entirely within their control. Adolescence is a "growth spurt" period second only to infancy. Approximately 20% of adult height and 50% of adult weight is gained during adolescence. Genetics and sex have more to do with growth than age.

- About 40% of teens say they have been on a diet during the past year. Ask how many students have ever been on a diet. What have their experiences been with dieting?
- When teens are growing, restrictive diets may deprive them of substances needed for growth of bones and muscles and for sexual development.
- Young people who have a large frame size, who are muscular or who are already sexually mature may weigh more without being overweight. For teens who think they are overweight, the goal should be to stop gaining and to grow into the weight they are now. Some individuals are below normal weight due to genetics or slow growth. If, however, they are underweight because they eat too little or exercise excessively, professional help may be needed.

INSTRUCTIONS FOR REFERENCE SHEET C

- 1 Duplicate **REFERENCE SHEET C** and distribute a copy to each student. Have students read the reference sheet.
- 2 Ask if dieting has caused any of these effects on them and/or those they know. Discuss as appropriate.

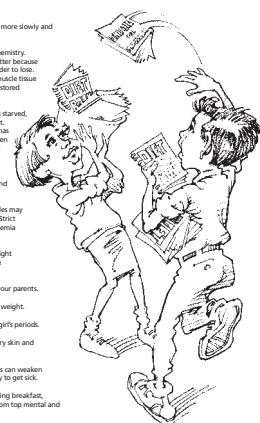
MIRROR WIBBLES

REFERENCE SHEET C
SAY "NO!" TO DIETING

Unless a doctor says that you are dangerously overweight or have a medical problem that requires a special diet, you should **not** diet.

Here's why:

- If you don't get enough calories, you grow more slowly and reduce muscle and bone size.
- Going on and off diets upsets your body chemistry. Repeated dieting can actually make you fatter because the weight you regain gets harder and harder to lose. Some of the weight you lose is from lean muscle tissue but if you regain weight, most of it will be stored as fat, not as lean tissue.
- When you diet, your body thinks it is being starved, burns calories more slowly and stores up fat. This physical reaction to calorie restriction has evolutionary benefits. In ancient times, when the food supply wasn't constant, it was the people whose bodies had large fat stores who survived.
- Dieting can cause feelings of deprivation and depression that often lead to overeating.
- Diets that eliminate red meat and vegetables may leave you tired, irritable and even anemic. Strict vegetarians are prone to iron-deficiency anemia unless they make very careful choices.
- Failure to lose weight, or regaining the weight you just lost, can make you feel even worse about yourself than before.
- Diets can cause tension between you and your parents.
- Overeating may not be the cause of excess weight.
- Very low-calorie diets can interfere with a girl's periods.
- Very low-calorie diets can give you yucky dry skin and dull-looking hair.
- Diets that don't provide adequate nutrients can weaken your immune system, so you are more likely to get sick.
- Restricting calories, even by regularly skipping breakfast, reduces your energy level and keeps you from top mental and physical performance.



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WORKSHEET D
SAY "YES" TO
AN ACTIVE
LIFESTYLE

KEY
DISCUSSION POINTS

- A study of 6,000 teenagers showed that weight increased 2% for every hour of television watched each day (3).
- Fat people can be active. Short people can be active. Even 75-year-old people are now classified as "active" or "not active." Discuss the benefits of an active lifestyle (increased strength and fitness, burning calories, fun, sociability, stress reduction, increased energy, heart health, etc.). Vigorous exercise produces a natural "high." During and after exercise, the brain releases "endorphins." Endorphins are biologic mood-altering substances that trigger an "exerciser's high" that results in positive feelings of exhilaration and produces relaxation and reduction of anger and tension (16).
- Ideally, teenagers should exercise vigorously or participate in strenuous physical activity three or four times a week for periods of at least 30 minutes (4). Watching others play, or team sports where the individual is relatively inactive most of the time, doesn't count. But something is better than nothing. Standing is better than sitting and walking is better than standing!
- Fitness programs are too strenuous if they result in rapid weight loss, listlessness, low grade fever or chronic joint pain (4). These regimens may delay sexual maturation, decrease bone growth and height and cause temporary loss of menstruation in females. Undernutrition coupled with excessive training is particularly dangerous and may indicate an eating disorder (4).

INSTRUCTIONS
FOR
WORKSHEET D

- 1 Duplicate **WORKSHEET D** and distribute a copy to each student. Ask students how many consider themselves physically active? Physically fit? Recognize that some students, especially those on teams, who take lessons or are active athletes, may already be attaining exercise and fitness goals.
- 2 Have students look over the worksheet and estimate the number of activity points they earned during the previous day (or a typical day). If students wish to increase their activity level, ask them to establish a goal which is slightly greater than their current activity level.
- 3 Ask students to list additional activities that are fun.
- 4 Go around the room and ask what each person would be willing to do to be more active.

MIRROR
WIBBLES

WORKSHEET D
SAY "YES" TO A
HIGH-ENERGY LIFE

Do yourself a favor and find easy and fun ways to have a more active lifestyle.
Set up a reward system for yourself. Set a goal (maybe 25 activity points)
and make a contract with yourself to earn a reward for accomplishing your goal.
Pick rewards that are meaningful, affordable and attainable for you—a rental video,
a new CD, a ticket to a ball game or school play, a picnic with friends...

MY GOAL IN POINTS IS _____
MY REWARD WILL BE _____

POINTS	ACTIVITY	MY POINTS
5	30 MINUTES OF aerobic, fast dancing, badminton, basketball, riding a bike, frisbee, touch football, swimming, ice skating, roller skating, soccer, downhill skiing, baseball, softball, tennis, volleyball, brisk walking, water skiing, weight training, gymnastics, cheerleading, exercising in a class, to a tape or with machines, digging in garden, snowboarding, collecting, weeding or planting (Maximum of 10 points for any one activity per day)	
5	20 MINUTES OF jumping rope, jogging, running, racquetball, shoveling snow, cross-country skiing, lap swimming, stairmaster or step training (Maximum of 10 points for any one activity per day)	
2	30 MINUTES OF bowling, sailing, washing/drying car, playing golf, mowing grass, snowkiting, playing the drums, ping pong, painting walls or drama sets, flying a kite, actively playing with children (pushing swings, etc.), vacuuming rugs, horseback riding, regular pace walking (even shopping mall count if you keep moving), marching in school band, clearing out a closet (Maximum of four points for any one activity per day)	
1	Using stairs instead of elevator—at least four floors, carrying a backpack for a school day (weight lifting), riding a bike, walking or roller skating (instead of driving) on errands or to school, walking the dog for 15 minutes, parking at farthest side of parking lot instead of by the door of your destination, shoveling snow from the walks or steps	
OTHERS Fill in your favorite ways to boost activity level. _____ _____ _____ _____		
WEEKLY TOTAL		

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TOPIC III:

GUIDELINES FOR HEALTHY EATING

PURPOSE

- To help students make informed food choices.
- To help students assess their eating habits.

BACKGROUND INFORMATION

- Weight-loss diets can be harmful (and futile), especially during adolescence. But if not diets, what? Healthy eating and an active lifestyle during the teen years can help individuals look their best within a range of healthy weights.
- Adolescent males and females have different nutritional needs and concerns.

WORKSHEET E

MY FOOD DIARY

KEY DISCUSSION POINTS

- When and how a person eats are learned behaviors that can be changed. These behaviors ultimately affect how much a person eats.
- A person who eats very quickly may overeat. It takes about 20 minutes between the time a person begins to eat and the time their brain gets the signal that they are full.
- Doing another activity while eating can become a problem if a person becomes so involved in the other activity that they lose track of how much and what they are eating.
- Sometimes people eat for reasons other than hunger. Places, activities, feelings and people may trigger someone to eat in the absence of hunger.
- Keeping a record of foods eaten—what, how much and when—increases awareness of personal habits and allows evaluation of those patterns. A record of two weekdays and one weekend day usually provides enough information to see patterns and allow evaluation.
- To achieve the greatest success with weight control, experts recommend increasing activity and making gradual changes in food habits. Small changes are more realistic and more sustainable than large changes, and successes build on each other toward improved meals.

INSTRUCTIONS FOR WORKSHEET E

- 1 Duplicate **WORKSHEET E** and distribute three copies to each student. Ask them to complete the worksheet for two weekdays and one weekend day.
- 2 When their diaries have been completed, discuss the following questions: Are foods chosen from all food groups? What nutritious foods are selected? What good dietary habits can be identified by comparing student food choices to the Food Guide on the top of the worksheet? How can students build on those good habits? What food choices could be replaced with healthier substitutes?
- 3 Encourage students to identify habits that are counterproductive to healthy eating.
- 4 Help students identify "trigger" situations. Ask the students if they are always hungry when they eat. What triggers eating when they aren't hungry: stress, partying, boredom, television...? Discuss ways to change "trigger" situations (i.e., healthy foods could be substituted for high-fat and "empty calorie" snacks).

MIRROR WIBBOL

WORKSHEET E

MY FOOD DIARY

Keep this form with you.
 Enter **every** food and beverage you eat or drink.
 Look carefully at how much and write down the amount you ate.

DAILY FOOD GUIDE 6-11 servings of bread/vegetable/pasta
FOR TEENS: 3-5 servings of vegetables
 2-4 servings of fruit
 2-3 servings of meat/poultry/fish/eggs/nuts/seeds
 3 servings of milk/cheese/yogurt

DAY OF WEEK

DATE

TIME	MINUTES SPENT EATING	MEAL OR SNACK	LOCATION WHERE EATING	EATING WITH WHOM	FOOD EATEN/HOW PREPARED	AMOUNT EATEN

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 The only way to nationalize the national diet.

REFERENCE SHEET F
EAT SMART

KEY DISCUSSION POINTS

INSTRUCTIONS FOR REFERENCE SHEET F

- Many teens skip meals (particularly breakfast).
 - In general, people who eat breakfast, lunch and dinner and planned snacks are less likely to feel hungry and less likely to binge.
- Ask students to review their completed food diaries on **WORKSHEET E** and evaluate the regularity of their meals and the quality of their snacks.
 - Duplicate **REFERENCE SHEET F** and distribute a copy to each student. Review the reference sheet and discuss ways in which their meal and snack habits could be made more healthy. Encourage students to add other healthy food choices to the Quick Start Breakfast and Slim Snack lists.

REFERENCE SHEET G
FAST FOOD CHOICES

KEY DISCUSSION POINTS

INSTRUCTIONS FOR REFERENCE SHEET G

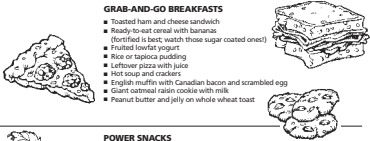
- Food that is fast is not necessarily unhealthy.
 - Lowfat food choices are available at most fast food restaurants.
 - A steady intake of fast food is not good because it does not provide enough variety. Eating at the same place or eating the same food each day can lead to a diet that is lacking in nutrients.
- Ask the students if they ate at a fast food restaurant during the time period they kept their food diary. Ask them how frequently they typically eat fast food.
 - Duplicate **REFERENCE SHEET G** and distribute a copy to each student. Review the reference sheet and discuss the list of smart fast food choices and the chart showing the nutritional comparison of fast food sandwiches. Note that sandwiches that do not have creamy sauces, such as mayonnaise, are usually lowest in calories and fat. Also note that items that provide the most calories usually contain the most grams of fat. Encourage students to become familiar with the healthier options that their favorite fast food restaurants offer.

MIRROR WIBBOS

REFERENCE SHEET F
EAT SMART, FEEL GREAT

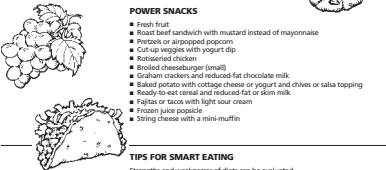
GRAB-AND-GO BREAKFASTS

- Toasted ham and cheese sandwich
- Ready-to-eat cereal with bananas (fortified is best; wash those sugar coated ones!)
- Frosted breakfast yogurt
- Rice or tapioca pudding
- Leftover pizza with juice
- Hot soup and crackers
- English muffins with Canadian bacon and scrambled egg
- Giant oatmeal raisin cookie with milk
- Peanut butter and jelly on whole wheat toast



POWER SNACKS

- Fresh fruit
- Roast beef sandwich with mustard instead of mayonnaise
- Pretzels or airpopped popcorn
- Cut-up veggie with yogurt dip
- Rotisserie chicken
- Broiled cheeseburger (small)
- Graham crackers and reduced-fat chocolate milk
- Baked potato with cottage cheese or yogurt and chives or salsa topping
- Ready-to-eat cereal and reduced fat or skim milk
- Fajitas or tacos with light sour cream
- Frozen juice popsicle
- String cheese with a mini-muffin



TIPS FOR SMART EATING

Strengths and weaknesses of diets can be evaluated by comparing food choices to the food guide on the top of **WORKSHEET E**.

- Eat only at a dining table (not in the car or in front of the television, for instance).
- Find ways to reduce stress that don't involve food. (Exercise is the best way.)
- Keep a Food Diary (**WORKSHEET E**) and evaluate your choices against the Daily Food Guide at the top of the page. Note which food groups you should eat more of--do it tomorrow!
- Don't skip meals--if you do, you're more likely to fill the void with snacks that provide calories, but few nutrients.
- Reward yourself--but not with food.

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MIRROR WIBBOS

REFERENCE SHEET G
FAST FOOD CHOICES

SMART FAST FOOD CHOICES

ENTREES

- Regular size or lean hamburger or cheeseburger with mustard, lettuce, tomato (and no special creamy sauce)
- Roast beef sandwich (regular size)
- Thin-crust pizza with cheese and vegetables, 2 slices or a personal pan pizza
- Beef or chicken fajitas on soft taco
- Beef and bean taco with lettuce and tomato (skip the sour cream and taco salad)
- Broiled or grilled chicken sandwich
- Baked potato with vegetable toppings or lowfat yogurt (instead of butter and sour cream)
- Chili with crackers
- Soup and salad bar with low-calorie dressing

BEVERAGES

- Lowfat milk
- Orange juice
- Lowfat shake

OTHER

- Small order of fries (instead of large order)
- Low-fat Apple Bran muffin
- Extra lettuce, tomato or other vegetables on sandwiches
- Small frozen yogurt or lowfat soft-serve ice cream

NUTRITIONAL COMPARISON OF FAST FOOD SANDWICHES

		CALORIES	GRAMS FAT	MILLIGRAMS CHOLESTEROL	MILLIGRAMS SODIUM
MCDONALDS	Hamburger	275	10	30	530
	Quarter Pounder with Cheese	530	30	95	1200
	Big Mac™	530	28	80	880
	Fish Filet Deluxe™	510	20	50	1120
	Grilled Chicken Deluxe™	530	6	50	970
BURGER KING	Whopper with Cheese	720	46	115	1350
	BK Big Fish™	720	43	80	1180
	BK Chicken Broiler	530	26	105	1060
	Chicken Sandwich	710	43	60	1400
	BK King™ Sandwich	650	43	135	920
JACK-IN-THE-BOX	Regular Hamburger	280	12	45	560
	Jumbo Jack™ with Cheese	650	43	105	1090
	Sourdough Jack™	670	43	110	1180
	Chicken Sandwich	490	26	45	1030
	Chicken Fajita Pita	280	9	75	840
WENDY'S	Plain single Hamburger	360	16	65	580
	Big Bacon Classic	580	30	100	1460
	Grilled Chicken Sandwich	310	8	65	790
	Chicken Club Sandwich	470	20	70	970
	Classic Greek Fresh Stuffed Pita™	440	20	35	1050

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TOPIC IV:

EATING DISORDERS

PURPOSE

- To make students aware of the symptoms of eating disorders and to encourage them to get help for themselves or friends if they have an eating disorder.

BACKGROUND INFORMATION

- In a group of 25 adolescents, odds are that one will have an eating disorder and others will be at risk of developing an eating disorder. An eating disorder is symptomatic of social, family and/or individual problems. A person may try to handle his or her problems through dieting. People with eating disorders think that if they get thinner, they can deal with the stresses and challenges of life and feel better about themselves.
- People with eating disorders can be underweight, normal weight or overweight. About 90% of those with eating disorders are young women.
- An eating disorder is not the same as an eating problem. Those with eating disorders cannot solve their problems without medical and psychological help that typically includes therapy for the whole family. A person with an eating disorder has a compulsive condition that they cannot control.
- As a professional you should:
 - Know the warning signs. (Review *Reference Sheet H*. Note: Anorexia Nervosa and Associated Disorders {IL}, now Area Code 847/831-3438).
 - Discuss your concerns with a resource person (perhaps the school nurse, counselor or psychologist) if you do not feel you are qualified to make a judgment.
 - Approach the individual informally rather than setting up a structured interview.
 - Convey your concerns—the individual appears depressed, withdrawn, tired—without focusing on weight or body size.
 - Expect denial. It may take time for the person to admit to having a problem.
 - Focus on feeling healthy, not on weight throughout detection, referral and recovery.
 - Know your limits. Eating disorders are very complicated and dangerous, and require a team approach to treatment (11).

(Note: These recommendations are adapted from Rice, Carla. "I Think She Has An Eating Disorder! Now What Do I Do??" in *Teacher's Resource Kit*. Toronto: National Eating Disorder Information Center, Toronto General Hospital, 1989.)



REFERENCE SHEET H ANOREXIA NERVOSA AND BULIMIA NERVOSA

KEY DISCUSSION POINTS

- Individuals may develop eating disorders for a variety of reasons. Experts do not completely agree on the exact causes of eating disorders. It is theorized that some individuals may fear becoming fat; some may dislike the shape and size of their body; some may not want to develop sexual characteristics; some may have a need to meet standards for dance, modeling, wrestling or gymnastics; some may see control as a virtue; and some may want to do what others do. In all cases, food itself is not the primary problem, but rather a symptom of serious distress.
- An eating disorder can be life-threatening. The sooner a person gets help, the better the chance for permanent recovery.
- Appropriate resources for referral of those with possible eating disorders may include your local hospital, a nearby teaching hospital or a local mental health organization. A registered dietitian who specializes in nutrition therapy also may be able to provide recommendations of diet counselors, psychologists and physicians who specialize in the treatment of eating disorders.


INSTRUCTIONS FOR REFERENCE SHEET H

- 1 Duplicate **REFERENCE SHEET H** and distribute a copy to each student. Explore the students' knowledge of eating disorders. Ask the students why they think people develop eating disorders.
- 2 Review the warning signs of Anorexia Nervosa and Bulimia Nervosa with the students. Impress upon students the seriousness of eating disorders and encourage them to talk with you or someone they trust if they think they may have an eating disorder or know of someone who does.
- 3 Locate appropriate resources in the local community for referral of those with possible eating disorders. Share these with the students.

MIRROR WIBBLES

REFERENCE SHEET H ANOREXIA NERVOSA AND BULIMIA NERVOSA

If you or a friend have several of the symptoms listed below, talk to someone who can help. A person with an eating disorder cannot help herself or himself. Eating disorders are dangerous and can be fatal.



ANOREXIA NERVOSA
Obsession for thinness with self-imposed starvation

WARNING SIGNS

- Fear of weight gain
- Excessive weight loss
- Denial of hunger and refusal to eat
- Excuses to avoid meals
- Talk about food all the time
- View of self as fat even when very thin
- Excessive or compulsive exercising
- Depression, isolation
- Menstrual periods stop or don't start

BULIMIA NERVOSA
Repeated episodes of binge eating with feelings of lack of control that may be followed by purging (using vomiting, laxatives, or diuretics to avoid weight gain). While those with anorexia are always thin, individuals with bulimia nervosa may be normal or overweight.

WARNING SIGNS

- Preoccupation with food and calories
- Secret eating, hoarding food
- Feeling of being out of control
- Bathroom trips immediately after eating
- Eating of enormous meals without weight gain
- Binge eating, then purging by vomiting, laxatives, diuretics, fasting or diet pills
- Dental problems from acid on the teeth

Many people with eating disorders exercise excessively to burn off calories. Excessive exercise combined with inadequate food intake places great strain on the heart and increases the risk of medical problems. If you suspect a problem, don't wait. Early treatment can prevent serious problems.

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GUIDELINES FOR PARENTS

PURPOSE

- To offer parents guidelines and specific suggestions to help their sons and daughters develop a positive body image, self-esteem and healthy weight during the teen years.

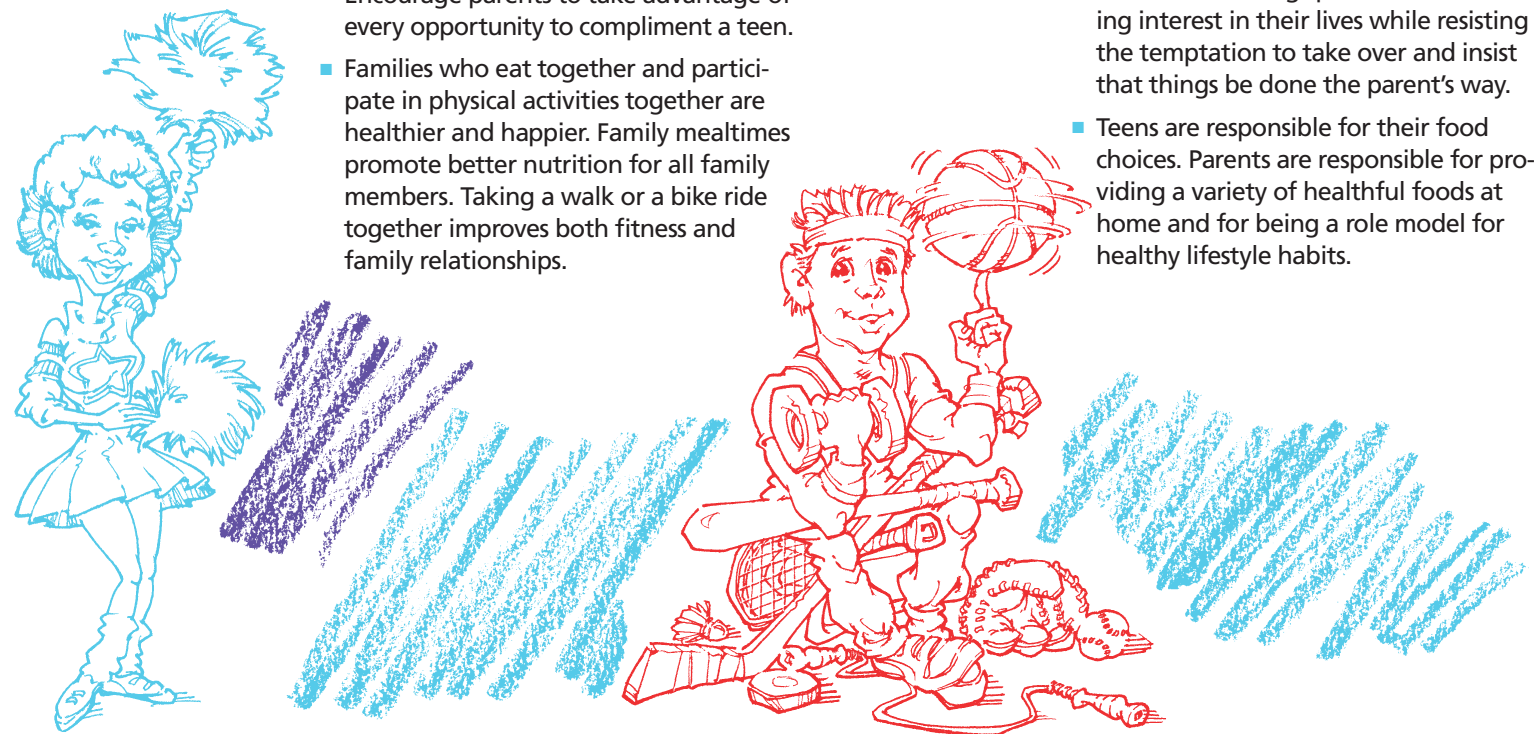
BACKGROUND INFORMATION

- Parents who pressure their children to lose (or gain) weight, even when it's done in a supportive way, risk lowering the child's self-esteem and self-confidence. It is the role of parents to model healthy eating habits and to provide healthful foods in the home, but they should not attempt to control what or how much their son or daughter eats. Teens themselves must be responsible for what they eat.
- By encouraging dieting during a child's growing period, parents may inhibit the natural growing process. Parents need to know that a teenager should be allowed to "grow into his or her weight." Be sensitive to the guilt parents may feel about an overweight child. Many well-intentioned parents try to protect children from rejection by overemphasis on controlling food and eating. This attitude often makes the children feel judged at home which can lead to increased stress on both parents and teens!
- Parents should be aware of the danger signals of eating disorders.
- Encourage parents to take advantage of every opportunity to compliment a teen.
- Families who eat together and participate in physical activities together are healthier and happier. Family mealtimes promote better nutrition for all family members. Taking a walk or a bike ride together improves both fitness and family relationships.

REFERENCE SHEET I DEAR PARENTS...

KEY DISCUSSION POINTS

- Cultural values influence our attitudes about weight. People often have misconceptions about those who are overweight.
- Various factors may affect adolescent weight. Genetics, overfeeding, restrained feeding, emotional or physical stress, or inactivity may be underlying causes of the weight problem. Answers to the following questions may provide clues and help determine if the family needs additional help: What has the child's pattern of weight been? Are family interactions healthy? Have interventions been successful in the past? Did the child suddenly put on a lot of weight for no apparent reason? If so, what was different at the time the child gained too much weight?
- Adolescence is a time of physical growth and not a time for dieting. Teens who follow a restricted diet may not be getting adequate nutrition for optimum health and growth.
- Dieting may lead to an eating disorder. Parents should be encouraged to learn warning signs of eating disorders.
- Parents can nurture the independent teenager while at the same time promote his or her autonomy. Parents should stay involved in their teenager's life without intruding. This involvement can include asking questions and showing interest in their lives while resisting the temptation to take over and insist that things be done the parent's way.
- Teens are responsible for their food choices. Parents are responsible for providing a variety of healthful foods at home and for being a role model for healthy lifestyle habits.



GUIDELINES FOR PARENTS

INSTRUCTIONS FOR REFERENCE SHEET I

- 1 Duplicate **REFERENCE SHEET I** and distribute a copy to each student. Share the **DEAR PARENTS...** letter. Let students take it home or give it out at parents' meetings or school events attended by parents.
- 2 Invite parents of students to call you to discuss issues covered in the letter.
- 3 Invite parents of high risk groups (such as cheerleaders, gymnasts, wrestlers) to hear speakers and discuss eating disorders with experts. Include parents *and* teens.

MIRROR
WIBBLES

REFERENCE SHEET I
DEAR PARENTS...

Teenagers come in many shapes and sizes. Their rapid growth and sexual development take place at different ages and proceed at different rates. It's very hard for parents to look on as their son or daughter struggles with pressures to be attractive. It's almost impossible not to criticize the way they dress, wear their hair and eat.

Persuading teens to lose weight can be counterproductive and can lower their self-esteem, which can be very fragile at this time in their lives. Let your child know you love him or her no matter how he or she looks! Besides, dieting can be harmful during an adolescent's rapid growth.

Do encourage an active lifestyle. Activity helps control weight, but more importantly, it helps teens feel good about themselves. While some sedentary activities (like doing homework) can be positive, the typical teen watches television more than 20 hours per week, often spend lots of time at the computer or listening to music. Ideally, teens should engage in vigorous activity for 30 minutes, 3 to 4 times a week, but even some activity is better than none.




Taking responsibility for food choices is one of the many ways teens assert their independence. Some of the best ways you can help your teen are by providing a variety of healthful foods at home; being a role model for healthy eating, exercise and lifestyle habits; and showing your teenager love and support.

Here are some specific guidelines for the care and feeding of teens:

- Let your teenager be responsible for what and how much he or she eats.
- Foster self-esteem and self-confidence by recognizing accomplishments not related to weight or body size.
- Offer to prepare breakfast or have fast, nutritious breakfast foods available.
- Be sure that foods you prepare are not high in fat, sugar and salt.
- Encourage family meals but avoid stressful conversations at the table.
- Have a variety of healthful snacks on hand (fortified cereal, fresh fruit, cut-up vegetables and reduced-fat dips, cheese, pretzels, fruit juice, air-popped popcorn, reduced-fat or skim milk and yogurt).
- Support (but don't pressure) participation in sports, exercise or other physical activities. Provide transportation and help with expenses.
- Take walks or bike rides together.
- Plan active family outings such as ski trips, hiking or swimming or shoot baskets together at a neighborhood gym or park.
- Discourage diets, especially for teens.

Learn the signs of eating disorders.

- Set a good example; make eating well and exercising a part of your lifestyle.
- Strive to be non-judgmental when talking about body shapes (your own and others).
- Be patient and positive and keep the lines of communication open.



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RESOURCES

FOR REFERRAL

School counselors and teachers are trained to work with teens who need general support and guidance. Individuals who are severely overweight, or who have eating disorders or medical problems may need additional help. Parents, guardians and/or physicians should be notified according to school policies.

- Check community and school resources for weight and eating disorder counseling services by qualified professionals. Call your local hospital or a nearby teaching hospital and ask the registered dietitian in charge of outpatient counseling for the name of counselors, psychologists and physicians who work with teens and their families.
- For referral to a registered dietitian who does counseling in your area, call the National Center for Nutrition and Dietetics at 1-800-366-1655.
- For more information, contact any of these organizations:
 - American Anorexia and Bulimia Association (New Jersey) (212) 734-1114
 - Anorexia Nervosa and Associated Disorders (Illinois) (708) 831-3438
 - Anorexia Nervosa and Related Eating Disorders, Inc. (Oregon) (503) 344-1144
 - Bulimia Anorexia Self-Help, Inc. (Missouri) (314) 991-2274
 - Center for the Study of Anorexia and Bulimia (New York) (212) 595-3449
 - Largely Positive Inc., P.O. Box 17223, Glendale, WI 53217
 - National Anorexic Aid Society (Ohio) (614) 436-1112
 - O-Anon (California) (213) 547-1570
 - Overeaters Anonymous, World Service Office (California) (213) 618-8835
- In most communities there are weight control programs based on sound nutrition principles. Two programs which provide nutrition, physical activity, behavior modification and group support that may be suitable for teenagers are:
 - Weight Management Program *LifeSteps*—Check with your local Dairy Council for location and availability—6 sessions plus 8 weeks of maintenance sessions in small groups.
 - Weight Watchers* Program—Check your local phone book for sites in your community. Ongoing programs at locations worldwide. Weight Watchers, Inc. has special materials for teens but the quality of instruction varies with the instructor at the chosen site.

ELECTRONIC RESOURCE GUIDE

- <http://www.gurze.com>
- <http://www.something-fishy.com/ed.htm>
- <http://www.hugs.com/index.html>
- <http://www.eatingdisorders.cmhc.com/>
- <http://www.health.org/gpower>

BOOKS

FOR PROFESSIONALS AND SCHOOL LIBRARIES

- *Parents' Guide to Nutrition*. Baker, S. and Henry, R. Reading, MA: Addison-Wesley Publishing, 1986.
- Written by a dietitian and a pediatrician. Offers basic principles of nutrition and practical suggestions for parents. Includes special concerns like food allergies, hyperactivity, food safety and food fads.

- *Living with Exercise*. Blair, S.N. Dallas: American Health Publishing Company, 1991.

Promotes moderate-intensity lifestyle activities through a behavioral, problem-solving approach. Includes self-evaluations for physical activity and fitness and includes many workbook activities. Contains sound information in a friendly format with cartoons.

- *Handbook of Eating Disorders: Physiology, Psychology, and Treatment of Obesity, Anorexia and Bulimia*. Brownell, K. and Foreyt, J. eds. NY: Basic Books, 1986.

Collection of summary papers by foremost authorities on obesity and eating disorders research. Sections include etiology, epidemiology, physical and psychological factors and treatment approaches.

- *The Callaway Diet*. Callaway, C.W. NY: Bantam, 1990.

Explores cultural perceptions of weight and discusses how the body resists losing weight on low-calorie diets. Provides guidelines for calculating an appropriate weight range and establishing an exercise program. Includes food plans and recipes.

- *Nancy Clark's Sports Nutrition Guidebook*. Clark, N. Champaign, IL: Leisure Press, 1990.

Explains how to eat to fuel an active lifestyle and includes a training diet, information on sports, nutrition, weight control and recipes.

- *Obesity and Weight Control: The Health Professional's Guide to Understanding and Treatment*. Frankle, R. and Yang, M. Rockville, MD: Aspen, 1987.

Provides current information about diagnosis, treatment and prevention of obesity at various stages of life. Information for psychosocial, cognitive and medical assessments and role of exercise in treatment.

- *Caring for Your Adolescent*. Greydantis, D.E. NY: Bantam, 1991.

A comprehensive guide for parents that is useful for counselors as well. Developed by the American Academy of Pediatrics. Discusses parent-teen communication, stages of puberty, eating disorders, alcoholism, homosexuality, teen pregnancy and fatherhood, and other topics.

- *Winning Weight Loss for Teens*. Ikeda, J. Palo Alto, CA: Bull Publishing, 1987.

A self-study notebook and workbook that helps teens evaluate eating practices and take and keep weight off. Appropriate for teens and their parents.

- *Obesity and The Family*. Kallen, D. and Sussman, M. eds. New York, NY: Hawthorn, 1984.

A collection of nine articles exploring the relationship between obesity and the social environment and interactions within families that influence the cause and treatment of obesity.

- *Coping With Diet Fads*. Kane, J.K. New York, NY: Rosen Publishing Group, 1990.

Book for teens and young adults that discusses fads, eating behaviors and personal food habits. Easy-to-read with anecdotes that identify problems and provide inventive solutions.

- *Exercise Physiology*. McArdle, W., Katch, V., and Katch, F. Philadelphia, PA: Lea & Febiger, 1991.
- Major reference that provides technical information on energy, nutrition and human performance.

- *Nutrition in Childhood and Infancy*. Pipes, P.L. St. Louis, MO: Times Mirror/Mosby, 1989.

Overview text on child nutrition that includes chapters on adolescence, diet and behavior, and sports nutrition.

- *How To Get Your Kid To Eat... But Not Too Much*. Satter, E. Palo Alto, CA: Bull Publishing, 1987.

Practical, common sense advice for parents and professionals on dealing with the individualistic teenager, preventing obesity, and resisting cultural dieting pressure. Written by a registered dietitian and family therapist who specializes in treating eating problems.

CURRICULA

- *BodyTalk: Teens Talk About Their Bodies, Eating Disorders and Activism*. The Body Positive, 1999. From The Body Positive, 2417 Prospect St., Suite A, Berkeley, CA 94704, phone: 510-841-9389. VHS video cassette. List price: \$225, Education/Nonprofit price: \$175.

28 minute video on body acceptance issues for 9 to 18-year-old girls and boys. Produced with the philosophy that the best way to reach teens is through the voices of their peers. Girls and boys from diverse ethnic backgrounds and a range of socioeconomic status and body sizes discuss the messages they receive from media, family and friends about their bodies and eating patterns. This documentary focuses on their resulting struggles, how they resist and change, and how they heal.

- *Children and Weight: What Health Professionals Can Do About It*. Ad Hoc Interdisciplinary Committee on Children and Weight, 1988. From Nutrition Communications Associates, 1116 Miller Avenue, Berkeley, CA 94708. 60 pages, binder-training manual, VHS videotape, audiocassette. \$30.

Training manual that particularly addresses weight issues. Includes objectives, activities, audio and videotapes and audiovisuals. Excellent resource for health promotion work with children and parents.

- *Health and Nutrition: A Matter of Facts*. National Live Stock and Meat Board, 1986. From the Education Department, National Live Stock and Meat Board, 444 North Michigan Avenue, Chicago, IL 60611. 6-page teacher's guide, 13 black-line masters, Percent U.S. RDA Chart. \$2.95.

Designed for the high school physical education/health curriculum area. A variety of activities help students to be better informed about nutrition and exercise and to distinguish between health and nutrition fact and fallacy.

- *Keeping On Track Lessons*. Clarke, M., 1987. From Kansas Cooperative Extension Service, 343 Justin Hall, Extension Home Economics, Kansas State University, Manhattan, KS 66506. 3-ring binder. \$25.

How-to manual for leaders of weight control groups with focus on gaining lifelong control of weight and lifestyle habits. Eight detailed lesson plans to be used by individuals with prior training in nutrition. Does not address exercise in depth.

- *The Shapedown Program*. Mellin, L., 1988. From Balboa Publishing Corporation, 11 Library Place, San Anselmo, CA 94960. License and comprehensive training package. \$275.

Includes copies of five books for various age levels (two which address the adolescent's needs: *Just for Teens* workbook and *Parents' Guide—A Guide to Supporting Your Teen*); instructor's guide and rental videotapes for instructor training; step-by-step lesson plans for individual and group counseling; handout masters; professional newsletters; telephone consultation and administrative support for program start-up and delivery.

- *Teacher's Resource Kit: A Teacher's Lesson Plan Kit for the Prevention of Eating Disorders*. Rice, C., 1989. From The National Eating Disorder Information Centre, 200 Elizabeth Street, CW1-328, Toronto, Ontario M5G 2C4. 34 pages, spiral bound plus 24 reproducible masters. \$15.

Excellent resource intended for use by elementary school teachers to help prevent eating disorders and weight preoccupation. Also suitable for high school students with its series of activities, discussion points, exercises and sound advice. Addresses anorexia nervosa and bulimia nervosa, the influence of family and friends, social pressures to be thin, healthy weights and eating, and self-esteem.

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